funeral and 2 after death and by the tu ve carbon papers. Pages 1 event, within 72 hours after hours and completely filled in remove carbon papers. 24 PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. e le le attending physic rmit. Then plea or removal, been signed by the attend the burial-transit permit. or to burial, cremation, or r as the prior to TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prio Page 4 may be retained by

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) Queen Anne MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Queenstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NOV NAME OF First Middle DATE Month Day Last Year DECEASED 66 DEATH March Harmon 19 (Type or print) 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS SEX DATE OF BIRTH 1890 9. 7. MARRIEO NEVER MARRIED birthday) Months Days DIVORCED WIDOWED 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Farmer Maruland 14. MOTHER'S MAIDEN NAME iam Henry Collier hristine Summers Mrs. cdith Queenstown, Maryland (ollier-18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neve 20.60 Conditions, if any, which gave rise to Immediate (a), stating underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES NO X

Male 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 20-01-6321 CERTIFICATION 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Flury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF ORATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1966 and that death occurred at 2. P. M. from the causes and on the date stated above. saw the deceased alive on OATE SIGNEO SIGNATURE ATTENOING PHYS. 2000 M.D. DIRECTOR PHYS. ADORESS PHYSICIAN'S 22d. NAME (Type) Stevensvi Mary BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. OATE THEREOF Stevensville March. FUNERAL DIRECTOR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please a move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a

	OERTHIOATE OF DEATH	X()4
1.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY	10.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and glygnearest town)  MARYLAND  c. CIPY OR TOWN (if outside, corporate limits, write RURAL and glygnearest town)	d give nearest town)
_(	GRASONVILLE Allher Lite GRASONVILLE	7 - /
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		YES NO
3.	3. NAME OF OCCEASED (Type or print) ALCE (CLUSSELL PLESSON) Last (4. DATE Month) OF OCCEASED (Type or print) ALCE (CLUSSELL PLESSON) DEATH MARCH. 2.0	Day Year
5.	E SEV CONTROL OF MARKET	EAR IF UNDER 24 HRS.
5	Jast birthday Months I Da	ys Hours Min.
10:	TEMPLE WILLE WIDOWED DIVORCED WE ZO 1890 75 yrs. WILLIAM 100. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT
	during post of working like, even if retired) INDUSTRY	ALEAS.
13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	214
10.		
15	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
(Ye	(Yes, pg., pr unkown) (If yes give war or dates of service)	2001.1
_	100   1220-32-0693/H, NORMAN (IERSON, GRASONVI (IE, 11)	HRYAND
		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: acuse Coronary occlusion	ran 2666
	DUE TO CONTRACTOR OF THE PROPERTY OF THE PROPE	t di b ai
	gave rise to Immediate (b) Continuity and the cleration heart or sense y	gears
	cause (a), stating the DUE TO	a Dan
N	Underlying cause last. (c) WWW Clypto Glear Grant Conditions Contributing to Death But not related to the terminal disease condition given in Part 1(a)	19. WAS AUTOPSY
ATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
FIC	a whence mysellers years	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Unjury in Part I or Part II of Item 18.)	
MEDICAL	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)	(State)
MED	Hour a.m. While Not While at work at work	
	1 - CA   Mar. 11 - 61	that (I) (we) last
	saw the deceased alive on Merch 241966, and that death occurred at A. M., from the causes and on the	
	22a. SIGNATURE 22b. DATE	SIGNED
	TUDOO BUTTELLUAGE M.D. ATTENDING DIRECTOR DIRECTOR DIRECTOR MAKEL	26.1966
	PHYSICIAN'S NAME (Type) THEO CLOR SATTELYALER STEVENSVILLE, MARYO	AND
23a	23a. BURIAL, CREMATION, 29b. DATE THEREOF 23c, NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county	y) (State)
1	BURIAL (Specify) MARCH 29 1966 Chesterfield CEMETERY CENTREVILE, NARY	bud
24	24. FUNERAL DIRECTOR ADDRESS AND 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	IGNATURE
>	Jone 1d, Butnets Bout Sur, Continuelle, 11 d. ONVAR 3 I 1966 (Clienter	Judge.

DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY L COUNTY by the and 2 MERVIEND b\_CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWAL(If outside corporete limits, write RURAL and give nearest town) write RURAL and give negrest town -after URDN ANN Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS hours pletely ! Sapers. 3. NAME OF Fire Middle Last 4 DATE Month DECEASED OF (Type or print) DEATH carbon 5 SEX 9. AGE (In years LIE UNDER 1 YEAR I 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED hysiciah remove 6/6 10e. USUAL OCCUPATION (Give kind of work done during mest of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? State or foreign country) 0 please 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Then please and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT removal (Yes, no. a ankown) | (If yes give war or dates of service) The law instancian. permif. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: 6 IMMEDIATE CAUSE (e) as been signed burial-transit p cremation, Conditions, if any, which geve rise to immadiate cause (e), steting the underlying cause lest. R: After this certificate his defacted for use as it. CERTIFICATION 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 1 Month, Day, Yeer 20f. (City or town) While Not While factory, street, office bldg., etc.) refained et work et work DIRECTOR: State Dept. 99 19/05 21. I certify that (I) (this hospital) attended the deceased from AND should ! may 22e. SIGNATUR ATTENDING m PHYS. DIRECTOR M.D. FUNERAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a)) 19. WAS AUTOPSY PERFORMED? NO (County) (Steta) ... 19 .... that (I) (we) last saw the deceased alive on 19.00, and that death occurred at 1 Him from the causes and on the date stated above. 22b. DATE SIGNED director, be filed v 236. BURIAL, CREMATION, | 236. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d\_LOCATION (City, town or county) (Stete) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

a. IS RESIDENCE

YES [

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IF LINDER 24 HRS

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VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	84340	CERTIFICATI	E OF DEATH	114323	
1.	PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased a, STATE )	lived, If institution: Residence before admiss	ion)
	QUEEN HANES	MARYLAND	HARYLAND.	WEEN HANE.	5
	b. CITY OR TOWN (if outside corporate lin	nits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest to	vn)
	ENTREVILLE	Allherhite	CENTREVILLE	17-1	
	d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDEN ON A FARM	ICE
			201 S. Liberty	YES NO	
3.	NAME DF DECEASED (Type or print)  EVALUA  (Type or print)	BRUAN Whit	Last 4. DATE OF DEATH	March Day Year	
5.	SEX   6. COLOR OR RACE   7. M		B. DATE OF BIRTH   9. AGE	(In years   IF UNOER 1 YEAR   IF UNDER 24 H	IRS.
F	comple white w	IDOWEO OLYORGEO	EC. 30 1886 79		In.
10a	a. USUAL OCCUPATION (Give kind of work done	10b. KINO OF BUSINESS OR	1.1. BIRTHPLACE (County & State, or for	eign country)   12, CITIZEN OF WHAT	_
dur	Ing most of working life, even If retired)	Home	CENTREVILLE O.A.Co.	Md. G.S.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
V	VILLAM WRIGHTSON F. WAS DECEASED EVER INUS. ARMED FORCES	SRUAN 5?   16. SOCIAL SECURITY NO.   17.	SIGNEY WAVI	Address	_
(Ye	es, no, or unkown) (If yes give war or dates of servi	ice) 16. SOCIAL SECURITY NO. 17.	INFORMANT	= 1 M / 1	
	No	215-05-36467	rs Sheldon Blades	EASTON, IMPRYLAND	
	18. CAUSE DF DEATH [Enter only one cau	ise per line for (a), (b), and (c).]	01 -	INTERVAL BETWEE	EN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Myscardial	maritim	24 hours	
4	260 X OUE TO	11	10 10	0	
	Conditions, If any, which ) (h)	arterioschille	Heart Disease	e 8 year	7
	gave rise to immediate ( OUE TO	D 11 - 1	011	~ 1	
	underlying cause last. (c)	Duhles 1	ellitoso	Sylan	0
NO	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITIO	GIVEN IN PART 1(a) 19. WAS AUTOPS	
CAT				PERFORMED YES NO	
三	20a. ACCIDENT WAS UNDERLYING	20b. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I o		
CERTIFICATION	OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Oay, Year	20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm,   20f. (City of	or town) (County) (State	)
ED	Hour a.m.	WILLIA C- HOL WILLIE C-	ry, street, office bldg., etc.)		
Σ	p.m. 19	at work at work	7 ( ) 10/5 to M	10el 16 1966 that (I)-(we) I	-
	21. I certify that (I) (this hospital) saw the deceased alive on		death occurred at 90 M. from th	20	
	22a. SIGNATURE	, and that	death occorred at, from the	22b. OATE SIGNEO	VC.
	John K Am	M.O.	ATTENOING MEO. DIRECTOR PH	AFF 3-19-66	
	22c. PHYSICIAN'S NAME (Type)	0417	22d. AODRESS	m	
	To ha	1. Smith of Y.	Centreville.	Maryland	
23a	BURIAL, CREMATION, 23b. OATE THER	EOF 28c. NAME OF CEMETERY	OR CREMATORY 123d. LOCATIO	N (City, town or county) (State)	
(	BURIA MARCH 19	1966Woodlann HEM	orial KARIC TALLOST	Lounty HARYLAND	
24	FUNERAL DIRECTOR	ADORESS	25a. REC'O BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	
7	med 18, Buton 1, Bailor	1300 Contavelle.	//W, DAMAR 21 1968	Actionly Judas	
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